

CHILD SURVIVAL AND HEALTH GRANTS PROGRAM USAID/GH/HIDN/NUT

GUIDELINES FOR FINAL EVALUATION

I. OVERVIEW OF EVALUATION

The objective of USAID's Child Survival and Health Grants Program (CSHGP) is to contribute to sustained improvements in child survival and health outcomes by supporting the work of U.S. PVOs and their in-country partners. With USAID's emphasis on managing for results, program evaluations have become less descriptive and more evidence-based. At the same time, greater emphasis is encouraged on processes that will determine the sustainability (and ultimate impact) of the project's health achievements. The CSHGP has assisted PVOs in strengthening their program monitoring and in documenting program achievements so that PVO's can provide credible evidence of achievements and results.

A. Core Evaluation Practices

CSHGP's evaluation policies reflect a commitment to a set of core evaluation practices that over the years have proved to be critical elements in building PVO capacity to monitor and evaluate field programs. These practices have emerged from the lessons learned from the programs implemented by our PVO partners.

1. **Evaluations are joint activities.** Truly effective learning experiences involve all the partners. CSHGP, the PVOs, their local partners, and other stakeholders usually participate in program evaluations. The participatory nature of the evaluation process encourages problem analysis and development of solutions by project staff and partners.
2. **Good program design** is the foundation for documenting achievements. Programs that have successfully documented their achievements have clearly stated objectives, valid indicators and a realistic method for measuring change over the life of the program. The establishment of accurate baseline data is a critical element in tracking change.
3. **Program commitment to the use of data.** The most successful programs demonstrate strong staff commitment to regular review of project performance data and action planning based on the data.

All good evaluations recognize the achievements of the project and staff and document innovative activities highlighting promising practices or new approaches.

B. Purpose of Monitoring and Evaluation Systems

The BASICS publication, "Child Survival BASICS, Monitoring and Evaluation: Tools for Improving Child Health and Survival," (Quarterly Technical Newsletter #5, Spring 1998), defines monitoring and evaluation as "collecting and analyzing information that is accurate and reliable and can be put to practical use."

1. **Monitoring** involves plotting progress in meeting implementation goals or measuring outputs and process, while;
2. **Evaluation** takes a broader perspective, determining if the course is the best one --- or assessing overall outcome or impact.

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In the CSHGP, monitoring and evaluation provide program managers, local partners and USAID with: a clear understanding of how the PVO program is functioning; evidence of results that have been achieved, and the importance of these achievements to the design and implementation of future programs. The DIP describes the monitoring system the PVO intends to use.

The evaluations take place at the program mid-term and end, and differ from each other in focus, and in the kinds of information they provide.

3. **The mid-term evaluation** focuses on the process of program implementation. The evaluation uses data and information from the program's monitoring system to (a) assess progress in implementing the DIP; (b) assess progress towards achievement of objectives or yearly benchmarks; (c) assess if interventions are sufficient to reach desired outcomes; (d) identify barriers to achievement of objectives; and (e) to provide recommended actions to guide the program staff through the last half of the program.
4. **The final evaluation** is focused on (a) assessing if the program met the stated goals and objectives; (b) the effectiveness of the technical approach; (c) development of the overarching lessons learned from the project; and (d) a strategy for use or communication of these lessons both within the organization and to partners.

C. The Evaluation Audience

The possible "audiences'" for the information from the program evaluations include the local partners, the PVO, USAID CSHGP and Missions and other stakeholders. However, while CSHGP and its partners share similar evaluation objectives, the information needs of each partner are different.

While the CSHGP monitors the performance of the individual programs, the program also must consolidate information across all programs to report to senior level Agency managers and congressional interest groups about the effectiveness of the PVO child survival and health programs. Results-reporting by CSHGP is intimately linked to resource allocation and thus clearly presented program results, with supporting evidence, are key to continued funding of the CSHGP.

D. The Evaluation Process

1. **Participation:** CSHGP encourages the participation of PVO headquarters and field program staff, representatives from project partners, USAID Mission staff, government health service personnel and community members in planning and conducting the evaluation. Representatives from other PVOs, USAID Bilateral programs, and other stakeholders (including CAs) may also be invited.
2. **Developing the SOW:** The PVO is responsible for developing the Statement of Work (SOW) for the evaluation team. While these Evaluation Guidelines identify a core set of components to be addressed, the PVO tailors the evaluation to its needs with questions that are specific to the program. The information needs and evaluation questions of the primary partners should also be integrated into the evaluation SOW. CSHGP does not need to approve the evaluation SOW but the process should include both quantitative (e.g. KPC and HFA) and qualitative evaluation methods. PVOs are required to provide data on the Rapid CATCH

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indicators relevant to their program interventions at Final Evaluation.

3. **Team Composition:** The evaluation Team Leader, who serves as the lead author and editor of the evaluation report, should be someone who is not employed by, or otherwise professionally associated with the concerned PVO or the specific child survival program. The PVO identifies a candidate for the Team leader and proposes this to CSHGP for approval prior to the evaluation. The CORE Group, CSTS and several PVOs have developed databases of good, proven evaluators of PVO Child Survival programs. If a grantee has identified another good one, please add this person's name to the lists! Additional team members may include others that the PVO selects from the PVO, its partners, and other organizations.

E. Comments

As these guidelines are updated on an annual basis, the CSHGP is interested in obtaining feedback from PVOs on the content of these guidelines, specifically, the Technical Instructions. This is to ensure their usefulness and relevance to PVO programs.

F. Submission Instructions

1. Please complete the Final Evaluation Report by following the outline provided below.
 - a. All annexes should be in English or accompanied with a translation.
 - b. Use a 12-point font that is clearly legible.
2. On the Final Evaluation Report cover page please include the following: Name of PVO, program location (country and district), cooperative agreement number, program beginning and ending dates, date of submission, and (on the cover or on the next page) the names and positions of all those involved in writing and editing the Final Evaluation Report.
3. The Final Evaluation Report is due at GH/HIDN/NUT on or before December 31st. The CSHGP suggests that programs allow sufficient time for fieldwork, writing and editing. Failure to submit a Final Evaluation Report on time to GH/HIDN/NUT could result in a material failure, as described in 22 CFR 226.61. If there are circumstances beyond the PVO's control that have had an impact on the ability to complete the Final Evaluation Report on time then contact the CSHGP CTO as soon as possible. For grantees that are considering a cost extension program, applications now include a Final Evaluation Report. Please see the annual RFA for specific guidance on cost extension applications and due dates for submission of Final Evaluations.
4. An updated CSHGP Project Data Form should be included with the Final Evaluation Report submission. This form is located on the CSTS Project website at www.childsurvival.com and was originally completed by the PVO during the DIP development stage. The information included on this data sheet is used by the CSHGP to provide accurate updates on active projects, key staff, program objectives and major activities and reflect the current project situation. Since the form periodically undergoes revisions, it is important to update it at the time of preparing the

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Final Evaluation Report to ensure that the project's activities are accurately represented, and that end-of-project survey results are recorded.

5. Send the CSHGP (address below) the original and one (1) copy of the Final Evaluation Report, and one diskette or CD of the Final Evaluation Report in Microsoft Word 2000. The original hard copy of the Final Evaluation Report should be double-sided and unbound. The copy of the report should be double-sided and bound. All annexes should be included in the electronic version.

Susan Youll, CTO
Attn: Aimee Rose, Program Assistant
USAID/GH/HIDN/NUT/CSHGP
1300 Pennsylvania Avenue NW
Room 3.7-74
Washington, DC 20523-3700

6. Send CSTS+ (address below) a double-sided, unbound copy and an electronic copy (by email, diskette or CD). If additional CATCH indicator information is available, please send complete records for each CATCH indicator. Also, each PVO is responsible to update the FE Rapid Catch data in the database at www.childsurvival.com

Attention: Deborah Kumper, Administrative Assistant
ORC Macro - Child Survival Technical Support Plus Project
(CSTS+)
11785 Beltsville Drive
Calverton, MD 20705
Deborah.K.Kumper@orcmacro.com

7. Send one, double-sided, bound copy of the Final Evaluation Report to the relevant USAID Mission.
8. In accordance with USAID AUTOMATED DIRECTIVES SYSTEM (ADS) 540.5.2, please submit one electronic copy of the Final Evaluation Report to the USAID/PPC/CDIE Development Experience Clearinghouse (DEC). Please include the Cooperative Agreement number on the electronic Final Evaluation Report submission. Electronic documents can be sent as email attachments to docssubmit@dec.cdie.org. For complete information on submitting documents to the DEC, see <http://www.dec.org/submit/>.

II. THE FINAL EVALUATION REPORT

The final evaluation provides an opportunity for all program stakeholders to take stock of accomplishments to date and to listen to the beneficiaries at all levels: including mothers and caregivers, other community members and opinion leaders, health workers, health system administrators, local partners, other organizations and donors. The final evaluation includes the comparison of baseline and final data, elaborates on the lessons learned from the model or implementation approach, and identifies promising practices and opportunities for scaling up and/or replicating the approach within a broader context. The final evaluation provides an additional opportunity for the program to benefit from the outside viewpoint of a consultant who acts as facilitator of the evaluation process. Other PVOs and resource persons may also be invited to participate in the evaluation process.

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The final evaluation report shall address each of the following elements. If any of these items is not covered by the evaluation, please explain why. Except for the summary, redundant sections may be cross-referenced.

A. Summary

Provide a one-to-two page executive summary of the report that includes:

1. Brief description of the program and its objectives.
2. The main accomplishments of the program.
3. Highlights from the comparison of the baseline and final evaluation surveys, including measured improvements in health outcomes, but also demonstrated increases in organizational or community capacity, health services improvements, policy changes achieved through the project and potential for sustainability and replication.
4. A list of the priority conclusions resulting from this evaluation.

B. Assessment of Results and Impact of the Program

The Detailed Implementation Plan (DIP), presented in the first year of the program is the official work plan of the program. The outline below provides guidance for the evaluation team for examining the program's technical child survival and health interventions, and for the approaches that cut across those technical interventions.

1. Results: Summary Chart

Construct a chart containing baseline and final data for all of the program objectives/indicators.

2. Results: Technical Approach

- a. Provide a brief overview of the project including program objectives, location, intervention mix, general program strategy. More detailed documentation may be provided in the annexes.
- b. Progress report by intervention area (see section 4 below for additional guidelines related to Family Planning interventions). In this section:
 - i. Discuss the results and outcomes of the program as measured by comparison of the baseline and final evaluation surveys.
 - ii. Describe factors affecting achievement of program objectives and outcomes.
 - iii. For objectives not fully achieved, discuss contributing factors.
 - iv. For each intervention, what are the main successes and lessons learned?
 - v. Discuss special outcomes, and unexpected successes or constraints.
 - vi. If the program is continuing, describe how the lessons learned will be applied to future activities.
 - vii. Discuss potential for scale-up or expanding the impact of intervention areas.
- c. Discuss any new tools or approaches that the program developed or used; operations research or special studies that were conducted;

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how the data and information has been used and what actions were taken.

3. Results: Cross-cutting approaches (address each section applicable)

This section discusses progress on approaches that cross intervention areas and have, or will impact on project objectives and outcomes. These are activities that may or may not have been articulated specifically in the DIP, but have emerged as critical activities in the program. In discussing cross-cutting activities, discuss the impact of the activities on the program.

Examples of cross-cutting approaches include behavior-change strategies, community mobilization, partnership-building activities and training (e.g., negotiations, agreements achieved, linkages formed), outreach strategies, advocacy or community or awareness-building strategies, and strengthening information management systems. The evaluation team may discuss any other cross-cutting activities that may be pertinent to the program. Also include modifications and explanations/rationale for those modifications, and cross-cutting activities added to the work plan.

Discuss progress made in relation to objectives and targets, methods and approaches, timing, key participants, geographical scope of activity, technical areas covered, etc. Describe how activities have had/will have:

- An effect or impact on the program.
- An impact on the lessons learned to date.
- Potential for scaling-up or expanding the program.
- Links to future activities.

The following are specific questions for several cross-cutting approaches.

a. Community Mobilization

- i. How effective was the approach for community mobilization?
- ii. Were the objectives met for community mobilization?
- iii. What lessons were learned for future community mobilization efforts?
- iv. Is there demand in the community for program activities to continue? How was this measured?
- v. What are the plans for sustaining these activities once the program closes?
- vi. Are the sustainability plans realistic?

b. Communication for Behavior Change

- i. How effective was the approach for communication and behavior change?
- ii. Were the behavior change objectives met?
- iii. What were the lessons learned?
- iv. How will these behaviors be sustained once the program closes?
- v. Are the sustainability plans realistic?
- vi. How was the impact of BCC interventions measured/evaluated?

c. Capacity Building Approach

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Discuss the capacity strengthening results of this program. This may include how the program improved the capacity of the PVO, the public sector partners, NGOs and/or community-based partners. Use the questions below to guide the assessment.

i. Strengthening the PVO Organization

- The external reviewer and the PVO will assess the capacity building effects this program had on the overall organization - U.S. headquarters as well as field operations. This may require a visit by the external reviewer to the PVO headquarters.
- How has this grant improved the capacity of the PVO to design, implement and evaluate effective child survival programs?
- How have effects of this grant influenced other programs operated by the PVO?

ii. Strengthening Local Partner Organizations

- Describe the outcomes of any assessment, formal or informal, conducted at the outset and conclusion of the program to determine the organizational capacities of local partners.
- How have the organizational capacities of the local partner changed since the beginning of the program? What factors/interventions have most contributed to those changes?
- What are the best practices and lessons learned in capacity building of local partners?

iii. Health Facilities Strengthening

- How effective was the approach for improved management and services at health facilities?
- What tools did the program use for health facility assessments? Were the tools effective for measuring change?
- What were the lessons learned?
- What are the plans for sustaining these activities once the program closes? Are the sustainability plans realistic?
- Discuss linkages between these facilities and the communities.

iv. Strengthening Health Worker Performance

- How effective was the approach for strengthening health worker performance?
- Were the performance objectives met?
- What were the best practices and lessons learned?
- What are the plans for sustaining health worker performance once the program closes?
- Are the sustainability plans realistic?

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- Were the tools used to assess the results of improving health worker performance sensitive enough to measure change over the life of the program?
- How did the program address the gaps between performance standards and actual performance?

v. Training

- How effective was the training strategy?
- Were the training objectives met?
- What evidence is there that suggests that the training implemented has resulted in new ways of doing things, or increased knowledge and skills of the participants?
- What were the best practices and lessons learned?
- What are the plans for sustaining these training activities once the program closes?
- Are the sustainability plans for training realistic?

d. Sustainability Strategy

- i. Were the sustainability goals and objectives that were articulated in the DIP met? How did the initial sustainability plan (if there was one) evolve through the implementation of the project?
- ii. What is the status of the phase-over plan, and is it on schedule? After the program, will there be any continuing technical and management assistance?
- iii. Have the approaches to building financial sustainability-- (e.g., local level financing, cost recovery, resource diversification, corporate sponsorships) been successful?
- iv. How has the program built demand for services, and is the community sufficiently engaged to influence how services are delivered?

4. Results--Family Planning

Programs implementing family planning activities (supported with 30% or 100% population funds) are asked to address the following:

- a. Did the PVO working effectively with the local USAID Mission, bilateral programs, the MOH, other donors, and local stakeholders to ensure an adequate and consistent contraceptive supply within the target area? Were contraceptive supplies maintained at service delivery points within the target area, both at the community level and at the facility level? Did the program taking the necessary steps, in collaboration with project stakeholders, to ensure that a range of methods are consistently available in the target area? Are there systems in place to ensure that any gains made in improving contraceptive supply and availability will continue once the project ends?
- b. Did family planning use increase in the target area? If yes, what were the factors involved? Is there evidence that barriers to family planning decreased as a result of programmatic activities? What barriers were decreased and how was this accomplished?
- c. Did the quality of family planning services improve in the target area? If yes, what was improved and what are the factors that led to the improvements?

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- d. Did access to family planning services increase as a result of the program activities? If yes, where was access increased and what were the factors that led to an increase in access?
- e. Was the program effective in increasing the number of family planning methods available to beneficiaries? If yes, how did the program increase the range of methods offered? How has the method mix in the program area changed over time in terms of types of methods being offered (at both the community and facility levels) and the proportions of methods used by women/couples?
- f. Was the program in compliance with all of the prohibitions and restrictions related to USAID population funds, including the Mexico City Policy (relating to abortion) and the Tiahrt Amendment (relating to voluntarism and informed choice)?
- g. Was the program successful in identifying an activity that resulted in a 'lesson learned' that will be documented and that has the potential to inform other PVOs implementing community-based FP programs and add to evidence of PVO contributions in expanding FP use?

C. Program Management

This section provides an overall discussion of program management issues, at HQ, within the field program, with partners and with the community. The objective is to assess the strengths and weaknesses of the management support systems, i.e., planning, financial management, information management, personnel management, supervision, training, logistics, etc. The aim is to identify specific ways in which the management support systems contributed to or hindered program implementation.

1. Planning

- a. How inclusive was the program planning process and what effect did this have on the implementation process?
- b. To what extent was the DIP work plan practical? Based on the PVO and its partner's experience with this program, what could be added to the DIP preparation and review process that would have strengthened implementation?
- c. What were the gaps in the DIP and how were they addressed by the program staff?

2. Staff Training

- a. What change is there in the knowledge, skills and competencies of the program and partner's staff? Is there evidence that the staff has applied these skills both within the program and in another context?
- b. Were adequate resources dedicated to staff training?
- c. What are the overall lessons learned about building the capacity of program staff?

3. Supervision of Program Staff

- a. Was the supervisory system adequate?
- b. Is the supervisory system fully institutionalized and can it be maintained?
- c. Is there evidence that the program's approach to strengthening supervisory systems has been adopted beyond the program?

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4. Human Resources and Staff Management

- a. Are essential personnel policies and procedures of the grantee and partner organizations in place, to continue program operations that are intended to be sustainable?
- b. Describe the morale, cohesion and working relationships of program personnel and how this affected program implementation.
- c. Describe the level of staff turnover throughout the life of the program, and the impact it has had on program implementation.
- d. Have plans been developed to facilitate staff transition to other paying jobs at the end of the program?

5. Financial Management [to be completed with the field staff and lead evaluator]

- a. Discuss the adequacy of the PVO's and partners' financial management and accountability for program finances and budgeting.
If the project budget was adjusted, explain why. Do the program implementers have adequate budgeting skills to be able to accurately estimate costs and elaborate on budgets for future programming?
- b. Are adequate resources in place to finance operations and activities that are intended to be sustained beyond this cooperative agreement?
- c. Was there sufficient outside technical assistance available to assist the grantee and its partners to develop financial plans for sustainability?

6. Logistics

- a. What impact has logistics (procurement and distribution of equipment, supplies, vehicles, etc.) had on the implementation of the program?
- b. Is the logistics system sufficiently strong to support operations and activities that are intended to be sustained?

7. Information Management

- a. How effective was the system to measure progress towards program objectives?
- b. Was there a systematic way of collecting, reporting and using data at all program levels? Cite examples of how program data was used to make management or technical decisions.
- c. Is the program staff sufficiently skilled to continue collecting program data/information and to use it for program revisions or strengthening?
- d. Did the program conduct or use special assessments, mini survey focus groups, etc. to solve problems or test new approaches? Give examples of the research, use of data, and outcomes.
- e. To what extent did the program strengthen other existing data collection systems (i.e. government)?
- f. Do the program staff, headquarters staff, local level partners, and the community have a clear understanding of what the program has achieved?
- g. How have the program's monitoring and impact data been used beyond this child survival program?

8. Technical and Administrative Support

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- a. Discuss types and sources, timeliness, and utility of external technical assistance the program has received to date.
- b. What assistance did the program need that was not available? How could PVO headquarters and/or USAID better plan for the technical assistance needs of PVO programs?
- c. Discuss PVO headquarters and regional technical and managerial support of the field program. Approximately how much time has been devoted to supporting this program?

9. Mission Collaboration

CSHGP is placing increased emphasis on coordination with USAID Missions and their bilateral programs for improved in-country complementarity of programming. Please describe collaboration with the USAID Mission, particularly related to the role this project plays in contributing to the Mission's overall health objectives. Discuss how the project collaborates with or complements mission bilateral programs. Include information the frequency and nature of interactions with Mission personnel, any joint planning activities with the Mission, and use of project results and lessons learned by the Mission and its partners.

10. Management Lessons Learned

List the overall management lessons learned.

D. Other Issues Identified by the Team

Discuss additional issues identified by the team during the course of the evaluation.

E. Conclusions and Recommendations

This section presents the main conclusions based on this final evaluation.

1. Based on the data from the baseline and final assessments, presented in the summary chart, discuss whether the objectives were met and outcomes were achieved, and the conclusions regarding the success of the program in meeting its objectives and outcomes.
2. Describe the most important achievements, constraints and other factors affecting program performance.
3. Outline the best practices and lessons learned.
4. Present any recommendations for USAID/GH/CSHGP, the program staff and collaborating partners regarding future work or directions. Comment on the program's potential for sustainability.
5. PVO headquarters should present a short section on how they intend to use the best practices and lessons learned and communicate this information to the broader development community.
6. Describe potential for scale-up and expansion of the program.

F. Results Highlight - One page "results highlight" [Tear-out sheet]

If the program has some key issues, results or successes, or if the program has identified a new methodology or process that has serious potential for scale-up, please provide a **one-page highlight if appropriate**, including 2

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or 3 brief paragraphs of key results from the program. Also, discuss how this would be of interest to the greater development community. The highlight should include the following information:

1. The problem being addressed (e.g. low immunization coverage)
2. The CSHGP input to address it (TA, logistics support, training, etc.)
3. The magnitude of the intervention (number of direct beneficiaries, percentage of population covered by CSHGP, etc.)
4. Some quantifiable or specific results (immunization increased from X% to X% in XX districts, a new policy enacted, or some other impact-oriented result).

Note: This information is helpful for the CSHGP in preparation for the annual USAID Child Survival and Health Programs Fund Progress Report to Congress.

III. ATTACHMENTS:

A. Evaluation Team Members and their titles

B. Evaluation Assessment methodology

Provide a brief discussion of the assessment methods used by the final evaluation team to assess essential knowledge, skills, practices, and supplies of health workers and facilities associated with the program.

C. List of persons interviewed and contacted

D. Diskette or CD with electronic copy of the report in MS WORD 2000

E. Special reports

If appropriate, include special reports or analyses produced by the program.

F. Project Data Sheet form - updated version